STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES

GRANT FUNDING OPPORTUNITY ANNOUNCEMENT

Grant Funding Opportunity
GFO-SA20214URWSUS

Urban Rural Women's Substance Use Treatment Services

All Applications and materials being submitted must be received before/at the due date and time. Late Applications and materials will be rejected and will not be reviewed.

1. Contents

1 Introduction and Purpose

1.1 Definitions

For the purposes of this Grant funding opportunity and resulting Grant agreement(s), the following definitions of terms shall apply, unless otherwise indicated.

Agency, Department, or DHS	The Wisconsin Department of Health Services
Applicant	Person or firm submitting a response to a GFO and a set of specifications. The term Applicant is used throughout this document in lieu of Vendor or Proposer.
ASAM	American Society of Addiction Medicine
ASAM Criteria	Multi-dimensional assessment and continuum of care criteria from ASAM, for objective decision-making regarding patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions
Best Practices	Strategies, activities, or approaches that have been shown through research and evaluation to be effective and/or efficient
Bureau	The Bureau of Prevention Treatment and Recovery (BPTR) within DCTS
Business Associate	A person or entity that provides certain functions, activities, or services for or to a covered entity involving the use and/or disclosure of protected health information (e.g., claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, repricing, legal, actuarial, accounting, consulting, data aggregation, repricing, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, and financial services).
Business Associate Agreement	A written contract between the Business Associate and the DHS health care component outlining the responsibilities of the Business Associate with respect to the protection of Individually Identifiable Health Information being shared or disclosed
Capacity Management	Infrastructure and resources needed to meet program obligations and achieve specified results. Includes but is not limited to staff resources, organization policies, training, research, technical assistance, and information systems
Care Coordination (Integrated Service Provision Care Coordination Service)	Facilitates the process of promoting collaboration between mental health and substance use disorders and other systems involved in a women and her family's life to create a coordinated care plan. The care plan is created to holistically meet the needs identified by the woman and her family to promote self-sufficiency. The woman has voice, access, and ownership in the plan.

Continuing Care	The term "continuing care" has been used to indicate the stage of treatment that follows an initial episode of more intensive care. Continuing care includes follow-up support services to prevent recurrence of substance use and is designed to be lower in intensity of services as the member progresses in recovery.
Continuous Quality Improvement	A systematic approach to improving processes and outcomes through regular data collection, examination of performance relative to predetermined targets, review of practices that promote or impede improvement, and application of changes in practices that may lead to improvements in performance
Continuum of Care	An integrated behavioral health model addressing promotion, prevention, treatment, and recovery with clients admitted based on their assessed needs with monitoring and re-assessment occurring throughout treatment.
Contract Administrator	The DHS employee responsible for the implementation, administration, and completion of the Grant agreement
Contract Manager	The DHS employee responsible for oversight of the implementation, administration, and completion of the Grant agreement
Contract or Agreement	The written agreement between the successful Grantee and the State covering the goods and services to be performed pursuant to this Grant Solicitation
Covered Entity	Under HIPAA, this is a health plan, health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Also see Part II, 45 CFR 160.103. The Department is considered a hybrid entity.
Culture	Culture is the conceptual system that structures the way people view the world. It is the set of beliefs, norms, and values that influence ideas about the nature of relationships, the way people live their lives, and the way people organize their world.
Culturally Competent	Refers to an ability of an organization, system, or program to understand and act respectfully toward, in a cultural context, the beliefs, interpersonal styles, attitudes, and behaviors of persons and families of various cultures. Beliefs and practices are identified, which include but are not limited to family organization and relational roles (traditional and non-traditional), spirituality, and understanding of ethnically related stressors, such as acculturation, poverty, and discrimination.
Cultural Humility	A construct for understanding and developing a process-oriented approach to competency. Hook, Davis, Owen, Worthington and Utsey (2013) conceptualize cultural humility as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]."
Culturally & Linguistically Appropriate Services Standards (CLAS)	The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

DATA 2000 Waived Physician:	The Drug Addiction Treatment Act of 2000 enables qualifying physicians to receive a waiver allowing a qualifying physician to practice medication-assisted opioid addiction therapy with Schedule III, IV, or IV narcotic medications.
Data Use Agreement	An agreement into which the covered entity enters with the intended recipient of a limited data set that establishes the ways in which the information in the limited data set may be used and how it is protected.
Day	A calendar day, unless specifically identified as a business day
DCTS	Division of Care and Treatment Services within the Wisconsin Department of Health Services
DHS 75	Wis. Admin. Code Ch. DHS 75 Community Substance Abuse Standards is available via this website: http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.pdf
Diversity	The term diversity is used to describe individual differences (e.g. life experiences, learning and working styles, personality types) and group/social differences (e.g. race, socio-economic status, class, gender, sexual orientation, country of origin, ability, intellectual traditions and perspectives, as well as cultural, political, religious, and other affiliations)
Ethnicity	Refers to the social identity and mutual belongingness that defines a group of people based on common origins, shared beliefs, and shared standards of behavior.
Evidence-Based Programs	Those programs that have been found to be effective based on the results of rigorous research.
Family	A grouping of individuals who are nurturing each other intellectually, emotionally, spiritually, physically, and psychologically. Family is not limited to nuclear family. Family may include family of origin, extended families, blended families, and "adopted" families.
Family Engagement	Families participate in decisions about the services that their child receives and the decisions that affect their child. Families are supported in their role as their child's first and best teacher.
Family-Based Continuum of Care:	Programs are family-centered and address all members in the family and include efforts to improve relationships with significant others, including partners, parents, siblings, children, and caretakers. The program operates based on a philosophy of care in which the family is recognized as the constant in the woman's life. https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf
Family-Centered Treatment	Family-centered treatment is a comprehensive strategy that addresses the biopsychosocial spiritual nature of substance use disorders. It is a highly individualized, gender-responsive treatment of substance use disorders for women and their families.
Fetal Alcohol Spectrum Disorders (FASD)	An umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

Gender-Responsive	Gender-responsive treatment is trauma-informed, strengths based, and relational (Grella, 2004). The content, delivery, and cultural orientation of services address the needs and characteristics of each woman or man. Particular consideration is given to the selection and development of the treatment setting and environment, staff, program components, and administrative and clinical policies and procedures. Overall, gender-responsive services reinforce healthy attitudes, behaviors, and lifestyles while appreciating the unique challenges and strengths of each gender.
Grant Agreement	The written agreement between the successful Grantee and the State covering the goods and services to be performed pursuant to this Grant Public Notice
Grant Funding Opportunity (GFO)	Announcement of an opportunity to apply for grant funds.
Grantee	Person or entity that has been awarded the Grant agreement as a result of this Application, and who is required to provide the agreed upon good and/or services.
Health Disparities	A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage.
Health Equity	**Health equity** is the principle underlying a commitment to reduce – and, ultimately, eliminate disparities in health and its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions
Health Resources and Service Administration (HRSA)	The Agency within the U.S. Department of Health and Human Services with primary responsibility for improving access to health care services for individuals who are uninsured, isolated, or medically vulnerable.
HIPAA	Health Insurance Portability and Accountability Act of 1996. "HIPAA Rules" shall mean the privacy, security, breach notification, and enforcement rules at 45 CFR §§ 160 and 164.
HITECH Act	The Health Information Technology for Economic and Clinical Health Act which was included in the American Recovery and Reinvestment Act of 2009 ("ARRA") and signed into law on February 17, 2009.
Illicit drug use	The use of illegal drugs, including marijuana according to federal law, and misuse of prescription medications.
Interim Services or Interim Substance Abuse Services	***Interim Substance Abuse Services*** are services that are provided until an individual is admitted to a substance abuse treatment program to reduce adverse health risks. Pregnant women must be connected with interim services within 48 hours of contact and continue until the women is admitted to a substance abuse treatment program.
National Outcome Measures System (NOMs)	The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified 10 domains for National Outcome Measures (NOM). The domains embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

Neonatal Abstinence Syndrome (NAS)	Neonatal abstinence syndrome (NAS) is a result of the sudden discontinuation of fetal exposure to substances that were used or abused by the mother during pregnancy.
Neonatal Opioid Withdrawal (NOW)	Neonatal opioid withdrawal syndrome is a set of symptoms that a newborn infant experiences upon birth as a result of prescription or non-prescription opioid use by the mother during pregnancy.
Nonprofit Organization	An organization described in section 501 (c) (3) of the internal revenue code
OBOT	Office-Based Opioid Treatment is private practice that provides medication assisted treatment that uses sublingual buprenorphine with or without naloxone.
Peer Services	Recovery support provided in an empathic manner through shared lived experience.
Plan-Do-Study-Act (PDSA)	A means by which to assess continuous quality improvement throughout an Agency.
Prenatal Care Coordination (PNCC)	A Medicaid and Badger Care Plus benefit that helps pregnant women get the support and services they need to have a healthy baby, through an enhanced benefit package.
Procuring Agency	The Wisconsin Department of Health Services
Program Placement System (PPS)	A web-based IT client data collection system that tracks outcomes for all clients served in the public county Mental Health (MH)/AODA service system. https://www.dhs.wisconsin.gov/pps/index.htm
Recovery Support Services	Recovery support services, which are generally provided as substance use services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care.
Rural	"Rural" encompasses all population, housing, and territory not included within an urban area.
Safeguards	Protective measures prescribed to meet the security requirements (i.e., confidentiality, integrity, and availability) specified for an information system. Safeguards may include security features, management constraints, personnel security, and security of physical structures, areas, and devices. Synonymous with security controls and countermeasures.
State	The State of Wisconsin
Subcontractor	A third party contractually engaged by the awarded Grantee to assist in the provision of services enumerated in this GFO and for which awarded Grantee has a grant agreement with the Department to provide or perform
Substance Abuse Prevention Treatment Block Grant (SABG/SAPTBG)	The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). Page 1109.
Substance Use Disorders	Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance use disorders, are defined as mild,

	moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.
Trauma-Informed Care (TIC)	A new perspective where those providing the support shift from asking "what is wrong with you?" to "what has happened to you?" This change reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing and recovery.
Trauma:	An experience that produces psychological injury or pain. Trauma refers to extreme stress that overwhelms a person's ability to cope. It can be a single event, a series of events, or a chronic condition such as childhood neglect or domestic violence.
Urban	For this GFO, an urban area is defined as the Census Bureau of an urbanized area of 50,000 or more people.
Waitlist	A waitlist is a list of individuals seeking services for substance abuse treatment when appropriate treatment services are not available. It is a written log or roster initiated and maintained by a substance abuse treatment program whenever service capacity has been reached. The document identifies the individuals who are actively seeking treatment and meet screening and eligibility criteria for services. Waiting list information is needed to meet Federal Block Grant requirements according to the Substance Abuse Prevention and Treatment Block Grant (45 CFR Part 96) and the Public Health Service Act.

1.2 Purpose and Scope of Work

The Wisconsin Department of Health Services (DHS) is seeking Applications to provide comprehensive trauma-responsive, culturally, and linguistically relevant substance use disorder (SUD) treatment services for women, in urban and rural settings. The purpose of the solicitation is to reduce the prevalence of alcohol and other substance use disorders and increase behavioral health equity among pregnant-postpartum women, and women with dependent children. To achieve this outcome, it is expected that applicants will collaborate with multiple system service organizations in the planning and delivery of services that meet the needs of the woman and her family. The solicitation will provide an opportunity for behavioral health providers to collaborate, achieve and identify improved outcomes, use effective strategies, soundly researched practices, and best practices.

This Grant solicitation provides indigent uninsured and underinsured women with SUD access to a substance use continuum of care that is family-focused, and when appropriate, includes mental health counseling, therapeutic child care, transportation, formal and natural recovery supports, and/or other services that are necessary to provide wraparound care to women and their families.

The grant's primary focus is to provide comprehensive SUD treatment, intervention, and recovery support services to pregnant, postpartum, and parenting women, with pregnant women being a priority as indicated in 45 CFR 96.120-137, Wis. Stat. §§ 51.46 and 51.42(3).

DHS intends to use the results of this solicitation to award a minimum of one grant for new treatment services and/or expansion of existing treatment program, in each of the following categories: urban community, rural community, county's Department of Health and Human Services, and a tribal governing body.

1.3 Background / History

Women with substance use disorder (SUD) treatment needs can face numerous and sometimes overwhelming obstacles. Women with SUD's are more likely to live in unstable or unsafe environments, including households where others use alcohol or other drugs. They are more likely to be victims of physical and/or sexual abuse, or human trafficking, to be trauma survivors and to experience co-occurring mental health disorders. Women with children may be functioning as single parents, without support from a partner, and they may lack childcare, transportation or other resources necessary to provide for their children.

Women can have biological, social, environmental, psychological, and genetic factors making them more vulnerable to SUD's.

- Women may become intoxicated after drinking smaller quantities of alcohol than men due to proportionately less water in their bodies to dilute alcohol.
- Women can develop a SUD after using smaller amounts or over a shorter period of time than their male counterparts. .
- Women with SUD's have greater susceptibility to as well as earlier onset of serious medical problems such as breast and other cancers, osteoporosis, cirrhosis and heart muscle and nerve damage, and liver and kidney disease.
- SUD's can lead to infertility and a lack of routine gynecological or prenatal care necessary to prevent or detect serious health problems quickly.
- Women with SUD's may be more likely to have panic attacks, anxiety, or depression.

For women, substance abuse is also strongly influenced by interpersonal, household, and community dynamics.

- A woman with a SUD is more likely to have a family history of parents or other relatives with SUD's.
- Women with SUD are more likely to be introduced to substance use through significant relationships including partners and family members.
- Women who are victims of domestic violence are at increased risk of substance use.
- Divorce, loss of child custody, or the death of a partner or child can trigger women's substance use or other mental health disorders.

Nationally, the rate of opioid misuse and dependence is escalating in many communities, including among pregnant and parenting women. The Centers for Disease Control in 2018 reported the Number of Women with Opioid Use Disorder at Labor and Delivery Quadrupled from 1999-2014 (https://www.cdc.gov/media/releases/2018/p0809-women-opiod-use.html). According to a 2019 CDC self-reported data, about 7% of women reported using a prescription Opioid pain reliever during pregnancy. Of those, 1 in 5 reported misuse of prescription opioids. (www.cdc.gov opioids).

Child welfare systems are reporting increased caseloads, primarily among infants and young children coming into care, and hospitals are reporting an increase in the number of infants born with neonatal abstinence syndrome (https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx).

Prenatal substance abuse is a serious problem as it exposes not only the woman but also her developing baby to harmful substances. Tobacco and alcohol are the most commonly abused substances, followed by marijuana and cocaine. *Healthy people 2020*, *(*https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women).

- One in ten (10.2 percent) of pregnant women in the United States ages 18 to 44 years reports drinking alcohol in the past 30 days. In addition, 3.1 percent of pregnant women report binge drinking – defined as 4 or more alcoholic beverages on one occasion. This means that approximately one-third of women who consume alcohol during pregnancy engage in binge drinking according to a report in CDC's Morbidity and Mortality Weekly Report (*MMWR*).
- Among pregnant women, alcohol use was highest among: Those aged 35-44 years (18.6 percent); college graduates (13 percent); and unmarried women (12.9 percent). https://www.cdc.gov/ncbddd/fasd/ https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm.
- Data obtained from the CDC indicates that women who smoke have more difficulty becoming pregnant and have a higher risk of never becoming pregnant. Smoking tobacco during pregnancy is estimated to have caused 1,015 infant deaths per year from 2005 through 2009. Tobacco smoke also contains other chemicals that can harm unborn babies. https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm.

Women face added societal stigma when seeking treatment services and can face added barriers based on their race and ethnicity, age, income level, educational attainment, and sexual orientation. Women's treatment needs are unique and gender specific services are critical to help overcome the obstacles and challenges women face in accessing needed services. This GFOA is seeking to provide gender specific SUD treatment services to women with priority given to pregnant, post-partum and parenting women in Wisconsin.

1.4 Grant Agreement Term

The grant agreement shall be effective on the date indicated in the contract and shall run from 1/1/2021 through 12/31/2021, with four one-year renewals based on availability of funding, satisfactory completion of annual deliverables, and state and federal grant expectations. Renewal of the grant agreement will be based upon the Grantee's satisfactory performance, audit findings and the availability of funds. The successful applicant must demonstrate its plan for sustainability beyond the funding period. Grantees are advised that should additional state or federal funds become available, the Division may utilize the results of this grant funding opportunity for additional awards. Moreover, the Department reserves the right to negotiate with the successful applicant(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

The total amount of funds available is $2,234,631 for each approved grant agreement year.

1.5 Number of Grant Agreements

It is the intention of the Department to award a minimum of 4 grant agreements for the services required in this GFO. However, the grantee(s) shall not have exclusive rights to provide all services covered under the Grant agreement during the term of the Grant agreement(s) or any extension thereof.

1.6 Use of Subcontractors

Applicants must identify any potential Subcontractors in their Application. The resulting Grant agreement will be between DHS and the awarded Grantee. The Grantee will be responsible for its Subcontractors' performance of the pertinent Grant agreement obligations and ensure Subcontractors abide by all terms and conditions of the GFO and resulting Grant agreement.

1.7 Communications

All communication and/or questions on all matters must be made in writing and refer to GFO number GFO- SA20214URWSUS. Communications shall be directed to the DCTS Contract Administrator:

Sandra Hendricks
Sandra.Hendricks@dhs.Wisconsin.gov

Any contact or communication with any employee or officer of the State of Wisconsin Department of Health Services concerning this GFO except the Contract Administrator is strictly prohibited from the date this GFO is released until the date the notice of intent to award is issued. Applicants who hold a current grant agreement with DHS may continue to communicate with the appropriate Contract Administrator regarding the performance of that current grant agreement.

1.8 Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format for qualified individuals with disabilities upon request. If an Applicants needs accommodations at the outset of this GFO process, please contact the Contract Administrator.

2 Applicant Qualifications

All Applicant qualifications in this section are mandatory. Failure to meet a qualification will disqualify your Application. However, DHS reserves the right to waive any qualification if no Applicant can satisfy that qualification.

Before the award of any grant agreement, the Department shall be satisfied that the Applicant has sufficient qualified resources available for performing the work described in this GFO. This includes assigning work under this grant agreement to workers that are skilled in the tasks to which they are

assigned. DHS retains the right to require the reassignment or replacement of grantee personnel, as the Department deems necessary. Reasons for this request may include, but are not limited to, incompetence, carelessness, disruptive, or otherwise objectionable behavior. The request for replacement is in no way a call for dismissal. It is just a request for the individual to be reassigned out of the DHS program or facility. It is the Applicant's responsibility to acquaint the Department with these qualifications by submitting appropriate or supporting documentation.

DHS reserves the right to conduct background checks on the organization, its officers and employees, and Subcontractors, if applicable, to determine whether any conviction exists that is substantially related to the service required, or if such conviction may otherwise adversely affect the Applicant's ability to perform under the resulting grant agreement. The State is the sole determinant of whether the results of a background check(s) will negatively impact the Grantee's ability to meet grant agreement obligations and requirements.

2.1 Eligible Applicants

Any tribal governing body, public Agency, or non-profit Agency is eligible to apply. Substance use disorder treatment, intervention and prevention services provided with these funds must be provided by a Division Quality Assurance (DQA)-certified substance use treatment agency(ies) and by Department of Safety and Professional Services (DSPS)-licensed/certified counselors and, if applicable, a DHS-certified Peer Specialist. The Agency and subcontractors must be certified under the appropriate section of Wis. Admin. Code §§ 75, 92, 94 and 83, Wis. Stat. §§ 106.02 (2), and meet the clinically determined level of care requirements.

The applicant must demonstrate that they will have adequate capacity to provide (either provide directly or through a sub-contract) at least one level of care (outpatient, intensive outpatient, day treatment, or residential treatment). **Providing a referral to a level of care does not meet this requirement.**

2.1.1 Consortium Applications

Consortiums are defined as the formation of two or more individual organizations combined to undertake an enterprise beyond the resources of any one organization to better meet the needs/goals of the AODA Grant as described in the GFO. Consortium applications are allowed under this solicitation when the following conditions are met and maintained:

Consortium applications are permitted with the following conditions:

- Consortiums must have the capacity to serve all eligible women and their families as outlined in this GFO and provide all the services and supports required in the applications.
- The formation of a consortium of providers offers a stronger and more effective program.
- A consortium would realize more efficient administrative cost benefits and would be evaluated accordingly.

- A consortium application must identify the member organizations and their specific roles and the lead Agency to which the grant will be awarded, with letters of commitment from each of the subordinate agencies indicating their agreement to award to the identified lead Agency.
- A consortium application will be reviewed and evaluated as a single application, so it is necessary for individuals/agencies within the consortium to clearly identify in the single application their areas of responsibility.
- The consortium can demonstrate the prevention of duplicating services and efficient administrative cost benefits.
- The lead Agency is solely responsible for eligibility determination, program activities, and all the reporting requirements of the entire consortium.
- **The consortium lead Agency must have the capacity to coordinate and efficiently deliver all PPS and performance data reporting as required within 90 days of the grant award.**

3 Requirements

This section contains an overview and description of the DHS objectives and requirements. The Applicant is required to provide narrative responses, outlining the specifics of how their proposed solution will meet the associated objectives and requirements.

Provide specific details of the proposed approach to meeting the objectives and functional requirements in each process area listed below. Responses must be highly focused on the DHS requirements and not generic or marketing descriptions of capabilities. Responses should be comprehensive and contain details of the full solution being proposed.

Overview of Requirements for the Organization of the Application: Applications must be delineated into the sections below. Each response will articulate how the organization will meet the defined requirements listed. There are points assigned for scoring the application for each section. The application will be reviewed and scored according to the quality of the response in each of the following sections:

- Problem or Needs Statement, Program Design with Methodology
- Goals, Objectives, and Performance Expectations
- Reporting, Performance Measurement, and Quality Improvement
- Work Plan
- Organizational Experience and Capacity
- Project Budget

3.1 Needs Statement, Program Design & Methodology

Women face both personal and system barriers that keep them from treatment. Personal barriers that women face include, but are not limited to, fear of reprisal from significant others and family members, fear of not being able to care for children or the loss of custody, fear about confidentiality and the fear of making life changes. Women face systemic barriers such as lack of money or insurance, lack of linguistic/culturally accessible services, waiting lists, lack of treatment for pregnant women, absence of child care, lack of transportation, inability to find sustaining employment and need for time to address

demands of other systems, such as child welfare and Temporary Aid for Needy Families (TANF) requirements. (NASADAD)

Family-based services offer a solution to an intergenerational cycle of substance use and related consequences by helping families reduce substance use and improve family functioning, child health, and safety. According to Brakenhoff, B., & Slesnick N. (2015), "The whole family suffered, so the whole family needs to recover": Thematic analysis of substance-abusing mothers' family therapy sessions. Journal of Social Service Research, 41(2), 216-232.

3.1.1 Needs Statement

The Needs Statement should make a clear, concise, and well-supported statement of the needs to be addressed. Priority consideration will be given to proposed service areas demonstrating greatest need.

The Needs Statement should include the population of women and their children that will be served, and what, if any social determinants of health contribute to their needs.

The Needs Statement should include the following:

- Fully document with statistical data, where available, the extent of the problem and fully demonstrate the inadequacy of existing programs, including any unmet treatment needs. Use Wisconsin-specific data including the estimated or actual number of female residents of the county or service area.
- Include what current or existing programs or activities address the problem and with what results. (This may include caseload information and unmet treatment needs.)

3.1.2 Program Design and Methodology

The primary objective of the family-based SUD services is to improve outcomes for uninsured/underinsured women with substance use disorders, their children, and other members of their families. To accomplish this objective, a program must have a strong core that includes approaches, interventions, and services that are effective in reaching and retaining women.

The Program Design and Methodology should include services to women who are involved in multiple systems to provide coordinated services from those formal support systems, using a care coordination wraparound approach; provide, or arrange for, parenting education, vocational assistance, housing assistance, coordination with other community programs, and intensive SUD and/or co-occurring (SUD and MH) treatment services across the continuum of care; develop and provide awareness and educational activities related to prenatal/maternal substance use disorders and the prevention of infant exposure, with a primary focus of Fetal Alcohol Syndrome Disorders (FASD) and Neonatal Abstinence Syndrome (NAS); reinforce and measure the empowerment of participants and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.

The project or program design and methodology should refer to the strategies and activities that will be used to address the identified needs and service gaps related to the community substance issues, indicated in Section 3.1.1.

The proposed model should be grounded in principles and strategies utilizing trauma-informed, cultural & linguistic standards, which provides a comprehensive array of clinical treatment services, clinical support services, and children/family services, which meet the special needs of women (SAMHSA TIP 51) and the following Wis. Stat. chs. 46.86 (6) and 46.55, 46.973, 51.46, 51.42 and federal register 45 CFR Part 96 Subpart L – Substance Abuse Prevention and Treatment Block Grant 124 (e), 131, 135, 137.

This section should include a description of the population of women and children that will be served by the project, including size or number of potential participants. Provide explanation for how this was determined.

Include the following information in the Application:

- Services to be provided, including the level of care:
  - Services should include the federal requirements for interim services, outreach to pregnant, postpartum women and women with dependent children and family-based treatment services. Note: this section should include how the program will outreach to diverse population of women.
  - A clear discussion of whether this is a new program or whether it will be an expansion of an existing program. Note: if an expansion of services the application must clearly identify the program or service being expanded; how the service will be expanded and the additional number of women and/or children to be served as a result of the expansion; and how will this expansion improve the lives of the women and their children.
- Highlight the innovative features of the project which could be considered distinct from other applications under consideration, such as attention to the cultural and linguistic needs of the identified population.
- Clearly articulate the anticipated results that will be achieved and include how the results will be measured, how the data is to be collected, and which analytical techniques will be used.

The Applicant should describe anticipated or agreed upon collaborations or subcontracts with current or existing efforts addressing the identified population of women and their children, including partnerships with new or existing stakeholders.

As feasible, use appendices to provide details, supplementary data, references, and information requiring in-depth analysis. Appendices provide the evaluators immediate access to details if and when clarification of an idea, sequence, or conclusion is required. Timetables, work plans, schedules, activities, methodologies, legal papers, references, personal vitas, letters of commitment, and endorsements are examples of appendices.

The Applicant shall include client (persons in recovery) involvement at all levels of the program to include the planning, design, implementation, and evaluation of the program. The Application should demonstrate stakeholder involvement and that necessary community agencies and persons in recovery have been or will be involved in the planning and execution of the program to achieve a coordinated approach to meet the needs of women and their families involved in various service systems. The application includes a description of how the Applicant will work with appropriate human services agencies and community providers to achieve:

- Multi-system coordination at both the system level and client level to effectively manage a system of services and supports for women and their families, as well as collect and report client level data,
- Positive women and family outcomes in the most efficient and effective manner possible,
- Reduce barriers to engagement and participation in treatment,
- Provide a detailed explanation as to how these coordination efforts will relate to the Application.

Describe how the programs will assess and meet the special, comprehensive needs of women and their families. All Women admitted to the program must receive treatment for a substance use disorder.

The proposed treatment program shall develop and implement written policies and procedures to ensure that recommendations relating to a woman's initial placement, continued stay level of care, and transfer and/or discharge are determined through appropriate assessment of levels of care and multidimensional assessment and severity level. The treatment model should be able to address appropriate level of care, such as parents or prospective parents receiving addiction treatment concurrently with their children, pregnant and postpartum women, and women involved in criminal justice settings (more information can be found in the ASAM manual, page 318). If the primary treatment model cannot meet these needs, applicants should demonstrate their ability to network with other agencies.

The Applicant shall describe how the program design and policies will address the following:

- The required services for programs receiving block grant funds set aside for pregnant women and women with dependent children, 45 CFR 96.124, 96.131. Note: The description must describe how 45CFR96.124, 96.131 are an integral component of the program design. Programs shall lose points for limited response.
- The process and procedure for referring pregnant women to the State when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- Policy and procedures as well as documentation of women receiving interim services and the services they receive.
- Establish available interim services within 48 hours to pregnant women who cannot be admitted because of lack of capacity. Include how the interim services will be documented.
- The process and procedure to make continuing education in treatment services available to employees who provide the services. Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.
- Describe the process, and procedure to protect participant records from inappropriate disclosure, and the system. Explain the compliance with all applicable State and Federal laws and regulations 45 CFR Parts 160 & 164 HIPAA, 42 CFR Part 2, and Wis. Stat. §51.30.

If an agency has an existing program, documentation should reflect a program expansion complete with rationale for the project and activities. Include a full discussion of the exact unmet needs of the population of women and their families to be addressed, including the extent of the substance use disorders in the geographic area to be served.

3.2 Goals, Objectives & Performance Expectations

The goals and objectives need to cover the planned outcomes for: pregnant women, postpartum women, parenting women, and women who are injection drug users, and their families, as well as the planned outcomes related to service delivery, system coordination, and outreach.

The stated goals of the program should show that the needs of the above identified populations are understood, and clear outcomes and effective strategies to achieve these outcomes should be included.

3.2.1 Program Goals

Identify each goal, objectives under each goal, and related activities, timelines, measures, and performance, and person(s) responsible for the objectives. Stated objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-bound). See https://www.dhs.wisconsin.gov/publications/p0/p00620.pdf.

In addition to the goals below, additional goals and objectives that meet program goals and primary purposes may be developed.

Goal 1: **Establish a comprehensive, integrated, and collaborative system of care.** Provide evidence-based and best practices outreach, intervention, treatment, care coordination, and support services in accordance with the elements, core values, and the women treatment standards of this program. Detail the specific procedures and tools to be utilized in order to insure fidelity to those best practices.

Goal 2: **Foster strong engagement and retention in services.** Identify and outline the specific plans for addressing the personal and system barriers faced by women with substance use disorders. Ensure at least 60% of women successfully complete care plan services.

Goal 3: **Provide an effective treatment environment that fosters safety, respect, dignity with a person-centered approach.** Ensure at least 75% of women report being satisfied with services, improve their quality of life (improvement in employment, relationships, reunification with children, etc…), and reduce substance use. Program goals should also outline a plan to select or develop a quality of life/well-being outcome measurement tool.

Goal 3: **Support the health and safety of women and their children**. Provide appropriate substance use education, prevention, including opioid overdose prevention (distribution of Narcan with training for women and their families), and prenatal/maternal SUD education, health care access, and parenting training.

3.2.2 First 90-days Start-up and Implementation Expectation

Goal: Establish a substance use disorder program for eligible women within 90 days of grant award.

Objective 1: Develop an operational plan including scope and timeline for DCTS approval.

Activity:

- Training and action plan
  - Dissemination and implementation strategies for initiatives, programs and practices in substance use disorder treatment.

Objective 2: Develop and implement a sound, researched outreach model.

Activity:

- Develop and implement an admission and capacity waitlist system.
- Schedule and complete DHS funded trainings indicated below.

Indicators: 80% of the agency's staff listed on the program budget shall receive DHS trainings when available:

- Soundly researched outreach,
- Care Coordination
- Women's treatment standards
- Core values
- Cultural humility & CLAS
- Admission process, levels of care, and screening tools
- Wisconsin Connect's SUD & Pregnancy Certificate program (www.wisconsinconnect.org)
- Wisconsin Connect's Trauma series
- Sustainability planning

3.2.3 Core Values and Trauma-Informed Care Program Elements

Describe your agencies capacity to deliver women-specific family-based wraparound/integrated services including effective comprehensive intensive treatment for women.

Describe how the incorporation of Core Values, Women's Treatment Standards, and Trauma Informed Care, will be accomplished as part of the program design and the delivery of services described herein. (see description in the Resources Appendix). See as described below, in the resources appendix and in TIP 57, http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf.

Core Values: Family-Centered, Consumer Involvement (Persons in Recovery), Builds on Natural and Community Supports, Strength-Based, Unconditional Care, Collaboration Across Systems, Team Approach across Agencies, Ensuring Safety, Gender/Age/Culturally Responsive Treatment, Self-sufficiency, Education and Work Focus, Belief in Growth, Learning and Recovery and Outcome-oriented. (See Resources appendix for additional information).

Women's Treatment Standards:

To receive State funding for women-specific treatment, a program must include the following Women's Treatment Standards: Accessibility, Assessment, Psychological Development, Abuse/Violence/Trauma, Family Orientation, Mental Health Issues, Physical Health Issues, Legal Issues, Sexuality/Intimacy/Exploitation, Survival Skills, and Continuing Care. (See Resources appendix for additional information).

3.2.4 Culturally and Linguistically Appropriate Service Standards (CLAS) / Diversity

Applications should clearly demonstrate how the program design meets the program requirements specified and the identified core values, Culturally and Linguistically Appropriate Services Standards (CLAS) (See Resources appendix).

Submit a disparity statement that demonstrates the organization's cultural competence/diversity policies and outreach plans to address women and their families.

Disparity Populations: The Healthiest Wisconsin 2020 Baseline and Health Disparities Report provides overviews of health disparity data on four racial/ethnic groups: Blacks/African Americans, American Indians, Asians, and Hispanics/Latinos. They also report four other populations experiencing health disparities including: people with disabilities, and lesbian, gay, bisexual, and transgender (LGBTQ+) populations. The full report can be viewed at: https://www.dhs.wisconsin.gov/hw2020/baseline.htm

3.3 Work Plan

Provide a work plan for the project. A work plan is an organizational tool that identifies the key tasks, activities, measures, timelines, and responsible parties for achievement of your goals and objectives. Provide sufficient justification through your work plan for achieving the project objectives, and for assuring adequate staff and resources are in place in a timely and consistent way to complete the objectives. **Detail how the program will be implemented. Refer to DCTS Annual Application (https://www.dhs.wisconsin.gov/forms1/f2/f21276.docx) for the Work Plan Structure.**

To evaluate your ability to fulfill the contract requirements, your work plan must relate directly to the goals, must be consistent with the objectives, facilitate program accomplishments, be sequentially reasonable, and can be accomplished in stated timeframes and proposed budget. Timeframes for tasks and activities in the work plan must be appropriate to ensure that sufficient effort is planned. Describe, in a logical progression, the activities for the various project phases (i.e., program development, implementation), timelines, and persons responsible for the project. Examples of the major project tasks, activities, and milestones may include project design and implementation, meetings with partner agencies, target population involvement, assigning staff, determining training needs, establishing monitoring protocols, establishing client payment and billing processes, reporting, evaluation, and quality improvement activities.

3.4 Organizational Experience & Capacity

The organization is expected to have qualified staff that possesses the experience, capabilities, credentials, and expertise to design and deliver the required services or programming under this project. This includes, but is not limited to, DHS Administrative rule 75 and 45 CFR 96.121-137.

To ensure that a capable entity is selected to implement successful project under this GFO, the Applicant is expected to have appropriate credentials, experience, infrastructure, relationships, and staff. The Applicant shall demonstrate the organizations experience and capacity by documenting:

- Staff and leadership experience in providing community-based alcohol and other substance use family based and gender specific services for pregnant, postpartum and parenting women with dependent children,
- Agency experience in the provision of quality cost-effective programming for women with SUD and their families.
- Ability to coordinate and collaborate with key organizations. Include at least three letters of commitment (references) from coordinating and collaborating organizations.
- Ability to carry out the provisions of the grant

Provide the following pertinent information:

- The organization's approach to trauma informed care
- The organization's mission, vision, including any guiding principles
- The organizations treatment philosophy

Describe the organization's ability to meet the integrated service provision philosophy of care in all aspects of its program service delivery, design, and treatment and its ability to measure this practice in day-to-day operations.

Demonstrate experience with the development and implementation of a complex and multi-faceted system of substance use services and supports to identified population of women. Include how staff are coached in handling complex behaviors.

Design a strategic framework to collaboratively enhance diversity and cultural humility within your agency:

Year 1: Identify inclusivity, diversity and cultural competency issues through a needs assessment in the identified populations
Year 2: Develop agency action plan to assure culturally sensitive and trauma responsive services including training for agency staff
Year 3: Complete action plan and identify how to determine the training was effective
Year 4: Measure effectiveness as it specifically relates to improved services to women

Describe cross training and education to professionals who work with women and their families and are from different systems to achieve positive individual/family outcomes.

3.5 Reporting, Performance Measurement & Quality Improvement

3.5.1 Contractual Accountability

The Applicant is expected to justify the items included in the proposed budget, including any in-kind and other resources and funding support that will be used or received for the proposed project. Also, where applicable for specific records, the Applicant shall also have the capacity to maintain financial, client, and other appropriate records; reports and documents in accordance with generally accepted accounting procedures, applicable laws and best practices in order to demonstrate accountability to stakeholders, funders, and the general public.

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records, limiting access to records, storing identifiers separately from data).

The project evaluation shall be two-fold:

- Outcomes or results, and
- Process (what was done and how).

The first focuses on measuring final outcomes against stated project goals, objectives, and performance targets. Process evaluation addresses how the project was conducted in terms of consistency with the stated plan of action and the effectiveness of the various activities within the plan. Process evaluation generally assists in helping others replicate successful efforts.

The Applicant is expected to track and evaluate the achievement of project objectives using measures and data collection procedures that will result in objective, valid, and reliable information. Evaluation of how project processes, methods, resources, and activities relate to outcomes will also be expected. Project evaluation information shall be routinely summarized and communicated to project stakeholders. The grantee will evaluate the grant program by use of outcome measurements that the Department approves. (A maximum of five percent of the program budget should be earmarked for evaluation.) The evaluation plan should follow the program's goals/objectives and work plan. The Applicant shall discuss criteria of measurement that will demonstrate if the intended results have or have not been achieved.

Evaluation designs should be discussed during the planning/development stage of the application process to ensure that data will be available to document anticipated results or a plan for collecting such information will be included in the Application. The evaluation plan should include a description of data sources, how the analysis will be done and by whom, a timeline, and how the evaluation report will be distributed.

3.5.2 Project Performance Measures

The Applicant is expected to set project objectives, at a minimum, in the following three areas: access; effectiveness/outcome/quality; and participant improvement and satisfaction. Identify and track project progress against stated and approved SMART objectives.

Project Performance Measures: Describe the plan for conducting project performance assessment and document the capacity to conduct the assessment.

- **Service Access** – refers to the "whom" of service or activity and ability to obtain the services offered. Includes the number to be served, number to be served by special population groups, number who will participate, number who will be reached, addressing waiting lists or wait time issues, and penetration rates (number served divided by number eligible or targeted).
- **Effectiveness/Outcome** – refers to the specific outcome, impact, benefit, or results (the "what") that the project is designed to achieve from a particular service or activity rather than the activity itself. This would include participant symptom reduction and improvements (reduced occurrence of substance use or legal involvement, improved family functioning, physical and mental health,

reunification with children, obtain housing, employment and/or education, etc…). Data should also include completion rates and fidelity with a best practice approaches.

- **Participant Improvement and Satisfaction** – client or participant satisfaction with the services, events, or activities using Likert scales and questions such as, "In general how satisfied were you with…" or "Are the services you are receiving right for you?" or "I like the services that I receive."

Outcomes: The Applicant and any subcontractors will be expected to accomplish the National Outcome Measures (NOMS) data and demonstrate system outcomes identified by the DCTS. The agency must develop and implement an evaluation component to report on these outcomes in a timely and accurate manner. Among these are the following:

- Federal NOMS outcome measures:
    - Reduced alcohol/drug use.
    - Improved employment/education.
    - Reduced crime and criminal justice.
    - Reduced homelessness
    - Improved social supports for recovery.
    - Retention in or completion of treatment.
- System Outcomes:
    - Collaboration across systems.
    - Team approach to services.
    - Family-centered services.
    - Consumer involvement.
    - Gender and culturally competent services.
    - Skills, education/literacy, and work focus.
    - Service plans based upon client/family strengths.
    - Reduced dependency on services.
    - Self-sufficiency that builds on and improves involvement with natural and community supports.

To support outcome measurement, data shall be collected from other sources such as law enforcement agencies, courts, criminal justice agencies, emergency medical treatment providers, other medical care facilities, and agencies designated by the applicant and/or Department. Strong applicants will also utilize an evidence based Quality of Life tool to obtain consumer feedback on outcome areas (for example the Brief Addiction Monitor (BAM), Patient Health Questionnaire - 9 (PHQ9), World Health Organization Quality of Life (WHOQOL), etc.).

Data Quality Reporting Standards: Data collected and used to evaluate the project and measure performance must be objective, valid, and reliable, and conform to applicable data reporting requirements. A clear, efficient, valid, and reliable method for collecting, storing, retrieving, analyzing, and reporting client level data within the first six (6) months of the grant award is expected. In addition, data reporting shall be required under the F20389 Performance Report Form at a minimum of every 6 months.

Grantees and/or subcontractors receiving funds for the provision of providing substance related disorders prevention, intervention, or treatment, or recovery services shall report and use client level data on federally required NOMS in accordance with guidelines provided through the PPS. (PPS AODA

Desk card F-00596 F-00588a) NOMS reporting is required to receive grant funding. All agencies receiving grant funds through this solicitation are required to have in place the mechanisms to report timely, accurate, and HIPAA/HITECH Compliance complete data.

The Grantee and the subcontractors shall collect and report the following data, semi-annually:

- Number of clients serviced (Female, Male, Transgender)
- Number of families serviced.
- Number of pregnant women served who inject drugs.
- Number of pregnant women serviced.
- Number of children served.

Applicants are expected to outline a formal and continuous quality improvement process for the program including data collection. It will be expected that this process be in place to assure that the program is administered appropriately and that it contains steps for improving program or service quality. One quality improvement approach is the NIATx process developed by the University of Wisconsin-Madison.

3.6 Budget

Every grant application requires a budget summary and narrative that fully describes the proposed use of grant funds. This section provides definitions for basic budget categories, delineates standard costs, and outlines strategies for the creation of accurate, successful grant applications. All costs will be reviewed by the GFO review committee, and the Division Budget analyst, and the Contract Administrator before awarding the grant.

DCTS has developed a budget template, Form F01601, DCTS summary Line Item Budget (https://www.dhs.wisconsin.gov/forms/index.htm) to be used for submitting the project/program budget. Use of this budget template is required. The budget template is an Excel spreadsheet containing two tabs. The first tab summarizes the detailed budget information entered on the second tab of the worksheet. Please review the instructions prior to completing the budget template. Please provide sufficient justification in the designated areas of the second tab to enable reviewers to understand both the level of planned expenditures and the need for the funds. The proposed budget must be on the budget template and submitted as a Microsoft Excel file. Please save your budget with a file name that identifies your agency.

3.6.1 Allowable Costs

All budget costs must comply with the DHS Allowable Cost Policy Manual. The Allowable Cost Policy Manual can be found on the DHS web site at:

https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm

A grant recipient will be required to comply with the United State's Department of Health and Human Services Allowable Cost Policy Manual at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

3.6.2 Acceptable Uses & Limitations of Grant Funds

Grant funds should primarily be used to support the provision of services and service delivery, including staffing costs (salary and fringe), recruitment, program development activities, supplies, medication assisted treatment, drug testing services, assessment tools, contracted level of care services, purchase of treatment curriculum, clinical supervision, and staff training activities.

This grant includes funding from the SAMHSA Substance Abuse Block Grant. It is prohibited to utilize these grant funds to supplant or pay for services that are reimbursable or covered services through another funding source. Grant funds must be used as a payment of last resort, and the grantee is responsible to assure that public and private insurance, and other payer options have been exhausted prior to utilization of grant funds. Grantees are expected to track and report program income. All program income must be used to plan for, expand, or enhance the grant-funded project services.

3.6.3 Capital Equipment

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of $5,000 and a useful life more than one year. Any equipment purchases of $5,000 or more may be required to be sold and the funds returned to DHS upon completion of the grant. Funds can be used to purchase/rent supplies such as adaptive and communication equipment and make housing modifications.

3.6.4 Salaries

Funds cannot be used to supplant current salaries for duties unrelated to this grant. The proposed budget is to clearly target achieving the project outcomes. The budget should be appropriate for the scope of the program, other agency's involvement, and the financial contribution be well-defined.

3.6.5 Other Budgetary Considerations

Application should include written verification that the Urban Rural Women's grant funds shall be expended on individuals who have **no other financial means** of obtaining services and the program will treat the family as a unit admitting women and their children when appropriate. Ensure the 45 CFR 96.137 payment schedule is implemented in the organization and program policies and procedures.

Ensure funding will not be used to provide cash assistance, per 45 CFR § 260.31, to clients served with grant funding.

Costs that are not allowed under this grant award are new construction of buildings. Any purchasing of vehicles must have prior approval of the department and SAMHSA. Applicant should not assume the department would be able to obtain approval to purchase a vehicle.

Grantees receiving funding under this GFO are prohibited from using the funds for conducting research activities.

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

3.6.6 Plan for Increasing Financial Sustainability

Applicants must include in their application a plan for increasing the financial sustainability of the program over the 5-year period that includes the following elements:

- Expected revenue from reimbursable services, and the agency's plan to maximize reimbursement over time.
- A description of the agency's revenue cycle management procedures, including provider credentialing, claims submission, denial management, and revenue accounting.
- A description of the agency's utilization management procedures.
- Identified goals per each year of the grant period with actionable steps toward sustainability and plans for service continuation in the event that grant funds were no longer available.

4 Grant Agreement Terms & Conditions

The Department reserves the right to negotiate these terms and conditions when it is in the best interest of the State to do so. Applicants may not submit their own Grant agreement document as a substitute for the State's Terms and Conditions. See "Sample Grant Agreement" with this posting for grant agreement terms and conditions.

Applicants must accept all terms and conditions or submit point-by-point exceptions along with proposed alternative or additional language for each point. The State may or may not consider any of the Applicant's suggested revisions. Any changes or amendments to any of the terms and conditions will occur only if the change is in the best interest of the State.

If a grant agreement document is executed as a result of this GFO, additional terms and conditions may be contained in that document and negotiated at that time.

4.1 Modifications of Grant Agreement

In the event of Grant agreement award, the contents of this GFO (including all attachments), GFO addenda and revisions, the Application response from the successful Applicant as accepted by the Procuring Agency, and any additional terms agreed to in writing by the parties shall be incorporated into

the Grant agreement. Failure of the successful Applicant to accept these elements into the Grant agreement will result in the cancellation of the Grant agreement award.

The resulting Grant agreement must only be used to purchase services within the scope and intent of the original Grant Funding Opportunity Announcement. Any modifications made to the resulting Grant agreement must fall within the scope of the Application. All modifications must be made in writing and signed by both parties.

4.2 Business Associate Agreement

In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA) the Grantee must complete a Business Associate Agreement (BAA) F-00759, (https://www.dhs.wisconsin.gov/forms/index.htm?search=F-01601&division=All). This document must be fully executed before grant agreement performance begins.

5 Application Procedures & Instructions

5.1 Calendar of Events

Listed below are dates and times of actions related to this GFO. The events with specific dates must be completed as indicated unless otherwise amended by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing an amendment to this GFO. There may or may not be a formal notification issued for changes in the estimated dates and times.

Date	Event
10/29/2020	Date of Issue – GFOA Posted to Website
11/6/2020	Intent to Respond
11/13/2020	Written Questions Due
11/18/2020 9:00 am CST	Applicant Conference Zoom link
11/20/2020 *Estimated*	Responses to Questions Posted on Public Notice Website
11/30/20 4:00 pm	**Applications Due** **Late submissions will not be accepted.**
12/16/2020 *Estimated*	Notification of Intent to Award
1/1/2021 *Estimated*	Grant agreement Start Date

5.2 Intent to Respond

The Applicant should, but is not required, to submit a letter via email to the Contract Administrator indicating their intent to submit a response to this GFO by the date indicated in Section 5.1.

5.3 Applicant Questions & Clarifications

Applicants are expected to raise any questions, exceptions, or additions they have concerning the GFO document by the Question Due Date specified in section 5.1**Error! Reference source not found.**

Questions must be submitted via email to:

Sandra Hendricks
Sandra.Hendricks@dhs.Wisconsin.Gov

The subject line of the email must state "GFO-SA20214URWSUS Question". The specific section of the GFO the question is regarding must be referenced.

If at any time prior to the due date, an Applicant discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this GFO, the Applicant must immediately notify the Contract Administrator of the issue in writing and request modification or clarification of the GFO document.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this GFO, supplements or revisions will be posted to the Current Grant Funding Opportunities webpage located at https://www.dhs.wisconsin.gov/business/solicitations-list.htm.

5.4 Submitting an Application

Faxed Applications will **NOT** be accepted.

5.4.1 Emailed Applications

Applications must be submitted via email with the subject line of "GFO-SA20214URWSUS". The following requirements must be met:

- DHS Servers can accommodate a maximum file size of 10 MB.
- The entire Application must be in one single PDF file as an attachment. The exceptions are:
  - The program budget (DCTS F-01601) must be submitted as an unprotected Excel file.
  - The Work Plan (DCTS Annual Grant/Contract Application F-21276) must be submitted as an unprotected Word file.
  - The three letters of commitment (references) from coordinating and collaborating organizations (refer to Section 3.4)

- If the vendor is unable to send all three attachments (application, budget, and work plan) in one email due to attachment size limitations, the vendor must indicate how many emails DHS should be receiving.
- The application must include a signed statement from the vendor on the vendor's letterhead that indicates the person signing the statement is authorized to submit an Application on behalf of the vendor.
- The Application must be sent to Sandra.hendricks@dhs.Wisconsin.gov and Cynthia Matz cynthia.matz@dhs.wisconsin.gov by or before the Application due date and time. The time and date stamp on the email will be proof of timely submission. If multiple emails are being sent due to size limitations, all of the emails must be received by or before the due date and time of the Application due date.
- The Contract Administrator will confirm receipt of the Application. If the vendor does not receive a confirmation email within one business day (excluding weekends and holidays), the vendor should contact the Contract Administrator for follow up.

All Applications MUST be received and time-stamped no later than Submission Due Date and Time listed in Section 5.1. **Applications that are not received by the due date/time will be considered late and rejected and will not be reviewed**. **Please be aware that it may take time to load large files by email and plan to submit early enough to ensure the email is received on time.**

5.5 Format of Application Response

Applications may be deemed non-compliant or may potentially have points deducted during the evaluation process if:

- The number of pages in the Application exceeds **25** pages and the number of appendices exceeds **10** pages. The DCTS Annual Application Form F-21276, DCTS Summary Line Item Budget Form F-01601, and the three letters of commitment (references) from coordinating and collaborating organizations (refer to Section 3.4) would not be included in the Application page limit. These items may be submitted as separate attachments.
- Fonts used are difficult to read and/or are not a minimum of 12-point font, or
- Single-spaced type with one-inch margins are not used.

5.5.1 Emailed Responses

Strict adherence to page limitations as outlined in the "Response Organization & Content" section is recommended for emailed responses due to attachment size limitations with this delivery method.

5.6 Multiple Applications

Multiple Applications from a single Applicant **will not** be permitted.

5.7 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by Applicant's in replying to this GFO.

5.8 Withdrawal of Applications

Applications shall be irrevocable until grant agreement award unless the Application is withdrawn. Applicants may withdraw a response at any time up to the Application closing date and time. To accomplish this, the written request must be signed by an authorized representative of the Applicants and submitted to the Contract Administrator. If a previously submitted response is withdrawn before the deadline for Application, the Applicants may submit another response at any time up to the Application closing date and time.

6 Selection & Award Process

6.1 Preliminary Review & Acceptance of Application

The purpose of the preliminary evaluation is to determine if each Application is sufficiently responsive to the GFO Announcement to permit a complete evaluation. Applications must comply with the instructions to Applicants contained in this GFO Announcement. Failure to comply with the instructions may cause the Application to be rejected without further consideration. The state reserves the right to waive any minor irregularities in the Application.

6.2 Evaluation Criteria

Applications will be scored using the following criteria:

GFO Section	Points
Program Design and Methodology	20
Goals, Objectives, and Performance Expectations	20
Work Plan	15
Organizational Experience and Capacity	15
Reporting, Performance Measurement, & Quality Improvement	15
Budget	10
Priority Considerations	5
Total	**100**

6.3 Method of Award

Applications accepted through the preliminary review process will be evaluated by a committee and scored against established evaluation criteria. Scores will be given in accordance with the points

referenced in section 6.2. Award(s) will be made on the basis of the highest point score received by a responsive, responsible Applicant.

This funding opportunity is through a grant award process and as such is not subject to Wis. Stat. ch.16, Subchapter IV. For this reason, the Wis. Stat. Ch., 16, Subchapter IV appeals process is not included as part of this GFO process.

6.4 Right to Reject Applications

DHS reserves the right to reject any and all Applications and may negotiate the terms of the Grant agreement, including the award amount, with the selected Applicant prior to entering into a grant agreement.

6.5 Intent to Award Notification

All Applicants who respond to this GFO will be notified in writing of the Department's intent to award the Grant agreement as a result of this GFO.

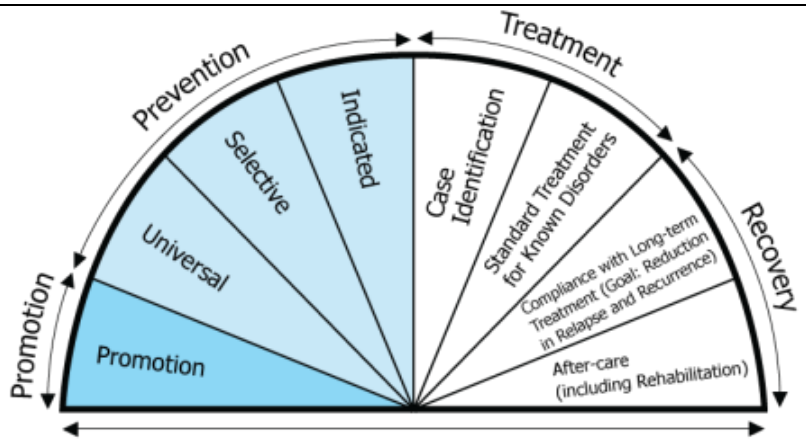
7 Required Forms & Additional Documentation

The following forms and additional documentation pertaining to this GFO must be submitted with the response and are not included in the 25 page application limit:

- DCTS Annual Application: Form F-21276
- DCTS Summary Line Item Budget: Form F-01601
- A minimum of three letters of commitment (references) from coordinating and collaborating organizations (refer to Section 3.4)

8 Resources

Continuing Care	Article on continuing care to prevent recurrence of substance use and long-term recovery.http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2670779/pdf/nihms93946.pdf
Continuum of Care	An integrated behavioral health model addressing promotion, prevention, treatment, and recovery as shown in the model below.

	
Core Values	**<u>DHS Women's Treatment Core Values:</u>** • **Family-Centered**: A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as we support them in meeting their needs, reducing system barriers, and promoting changes that can be sustained overtime. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole. • **Consumer Involvement (Persons in Recovery):** The individual's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Individuals/families are viewed as full and meaningful partners in all aspects of the decision- making process affecting their lives including decisions made about their service plans. • **Builds on Natural and Community Supports**: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers, or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all. • **Strength-Based**: Strength-based programs build on the family's unique qualities and identified strengths that can then be used to support strategies to meet the family's needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences, and aspirations. Strengths are expected to emerge, be clarified, and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented. • **Unconditional Care:** Means that we care for the family, not that we will care "if." It means that it is the responsibility of the service team to adapt

	to the needs of the family - not of the family to adapt to the needs of a program. We will coordinate services and supports for the family that we would hope are done for us. If difficulties arise, the individualized services and supports change to meet the family's needs. • **Collaboration Across Systems** An interactive process in which people with diverse expertise, along with families, generate solutions to mutually- defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, W-2, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services. • **Team Approach Across Agencies**: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations. • **Ensuring Safety**: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public. • **Gender/Age/Culturally Responsive Treatment:** Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. http://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf • **Self-sufficiency**: Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include, but are not limited to safety, housing, employment, financial, educational, psychological, emotional, and spiritual.) • **Education and Work Focus**: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which result in resiliency, self-sufficiency, and improved quality of life for self, family, and the community. • **Belief in Growth, Learning and Recovery**: Family improvement begins by integrating formal and informal supports that instill hope and are

	dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desire change and can take steps toward attaining a productive and self-sufficient life. • **Outcome-oriented**: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes; progress is monitored, and each team member participates in defining success. Selected outcomes are standardized, measurable, and based on the life of the family and its individual members.
Culturally & Linguistically Appropriate Services Standards (CLAS)	Cultural Competence means "A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations." The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) can be found at: https://www.thinkculturalhealth.hhs.gov/ https://www.thinkculturalhealth.hhs.gov/resources/presentations/8/the-context-of-clas-in-mental-health-the-national-clas-standards http://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849
Diversity	Workforce diversity- a collection of individual attributes that together to help agencies pursue organizational objectives efficiently and effectively. Diversity can be engaged to achieve excellence in teaching, learning, research, scholarship, and administrative and support services. www.opm.gov retrieved June 2019.
Family Engagement	The support for family members from Agency and community stakeholders to ensure that families are given the opportunity to engage at four critical levels. Level 1: Building strong relationships with children: Families are supported in their role as their child's first and best teacher.

	Level 2: Service planning for their children: Families participate in decisions about the services that their child receives. Level 3: Agency-level decision making: Families participate in program decisions that affect their child. Level 4: Community advocacy and peer-led support: Families serve as advocates for early childhood programs within their community. Families are given opportunities to support and socialize with other families with young children in their communities.
Family-Based Continuum of Care:	Programs operate based on a philosophy of care in which the family is recognized as the constant in the woman's life. https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf
Fetal Alcohol Spectrum Disorders (FASD)	*TIP 58 Addressing Fetal Alcohol Spectrum Disorders, page xix.* https://store.samhsa.gov/product/TIP-58-Addressing-Fetal-Alcohol-Spectrum-Disorders-FASD-/SMA13-4803
Health Disparities	Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. https://www.samhsa.gov/behavioral-health-equity https://www.healthypeople.gov/2020/about/foundation-health-measures/disparities
Health Equity	Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. (Braverman, 2017) Behavioral health equity builds on this definition and directs specific attention to mental health and substance use conditions and disorders. Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location, and social conditions through prevention and treatment of mental health and substance use conditions and disorders. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/?

	https://www.samhsa.gov/behavioral-health-equity
Interim Services or Interim Substance Abuse Services	The Code of Federal Regulations, Title 45: Part 96.121 (4) defines ***Interim Services or Interim Substance Abuse Services***. The purpose of the interim services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care. Pregnant women must be connected with interim services within 48 hours of contact and continue until the women is admitted to a substance abuse treatment program.
Maternal SUD	Maternal Substance Use Disorders https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome
Neonatal Abstinence Syndrome (NAS)	Neonatal abstinence syndrome (NAS) resources: • https://www.ncbi.nlm.nih.gov/pubmed/25070299 • https://www.cdc.gov/pregnancy/features/public-health-reporting-of-NAS.html
Neonatal Opioid Withdrawal (NOW)	Neonatal opioid withdrawal syndrome is common due to the current opioid addiction epidemic. Infants born to women covertly abusing prescription opioids may not be identified as at risk until withdrawal signs present. Buprenorphine is a newer treatment for maternal opioid addiction and may result in a milder withdrawal syndrome than methadone. Initial treatment is with non-pharmacological measures including decreasing stimuli, however pharmacological treatment is commonly required. Opioid monotherapy is preferred, with phenobarbital or clonidine uncommonly needed as adjunctive therapy. Rooming-in and breastfeeding may decrease the severity of withdrawal. Limited evidence is available regarding long-term effects of perinatal opioid exposure. https://www.ncbi.nlm.nih.gov/pubmed/24845493
Prenatal Care Coordination (PNCC)	The PNCC Medicaid and Badger Care Plus benefit helps pregnant women get the support and services they need to have a healthy baby. This benefit should be considered for pregnant women in the program as well as considered for a means to ensure long-term program sustainability. PNCC services include: • Help getting needed health care • Personal support • Information on good eating habits and health practices

	• Help finding needed services in the community The purpose of the Medicaid Prenatal Care Coordination program is to provide access to medical, social, educational, and other services to pregnant women who are considered high risk for adverse pregnancy outcomes. The components of this benefit are outreach, assessment, care plan development, ongoing care coordination and monitoring, and health education and nutrition counseling. Some key outcome indicators include tobacco exposure, alcohol use, breastfeeding, safe infant sleep practices, perinatal depression, family planning, and involved father.
WI Women's Treatment Standards	Wisconsin's history of the evolution of gender-responsive treatment services for women and their families spans decades and impacts remote areas of the state. The Wisconsin Department of Human Services crafted Treatment Standards for women. Recognizing the strongest motivation for women seeking treatment is challenges in their relationships (children, significant others, families, friends, colleagues, community), standards were built from the theoretical framework that relationships, and the link between a woman's self-esteem and her ability to nurture relationships, are necessary to improve outcomes. The Division published Women's Treatment Standards in 2000 include the following items. • **Accessibility**: Agencies/programs shall demonstrate a process to reduce barriers to treatment by providing those ancillary services or ensuring that appropriate referrals to other community agencies are made, • **Assessment**: Assessment shall be a continuous process that assesses the client's psychosocial needs and strengths within the family context and through which progress is measured in terms of increased stabilization/function of the individual/family. In addition, all assessments shall be strength-based and conducted through motivational interviewing. • **Psychological Development**: Agencies/programs shall demonstrate acknowledgement of the specific stages of psychological development and modify therapeutic techniques according to client needs, especially to promote independence/autonomy. • **Abuse/Violence/Trauma**: Agencies/programs must develop a process to identify and address abuse/violence/trauma issues. Services will be delivered in a trauma-informed, trauma-sensitive setting and provide safety from abuse, stalking by partners, family, other participants, visitors, and staff. • **Family Orientation**: Agencies/programs must identify and address the needs of family members through direct service, referral, and/or other processes. Families are a family of choice defined by the clients themselves and agencies will include informal supports in the treatment process when it is in the best interest of the client.

	• **Mental Health Issues**: Agencies/programs must demonstrate the ability to identify concurrent mental health disorders and develop a process to have the treatment for these disorders take place in an integrated fashion with substance abuse treatment and other health care.
	• **Physical Health Issues**: Agencies/programs shall:
	  o Inquire about health care needs of the client and her children.
	  o Make appropriate referrals.
	  o Document client and family health needs, referrals, and outcomes.
	• **Legal Issues**: Agencies/programs shall document an individual's compliance and facilitate required communication to appropriate authorities within the guidelines of federal confidentiality laws. Additionally, programs will avoid setting up barriers to individual compliance with legal authorities.
	• **Sexuality/Intimacy/Exploitation**: Agencies/programs shall:
	  o Conduct an assessment that is sensitive to sexual abuse issues.
	  o Demonstrate competence to address these issues.
	  o Make appropriate referrals.
	  o Acknowledge and incorporate these issues in the discharge treatment plan.
	  o Assure that the client will not be exposed to exploitive situations that continue abuse patterns within the treatment process (co-ed groups are not recommended early in treatment; physical separation of sexes is recommended in inpatient/residential treatment setting).
	• **Survival Skills**: Agencies/programs must identify and address the client's needs in the following areas, including but not limited to:
	  o Education and Literacy
	  o Job Readiness and Job Search
	  o Parenting Skills
	  o Housing
	  o Language and Cultural Issues
	  o Basic Living Skills
	The agency/program shall refer to appropriate services and document both the referrals and outcomes.
	• **Continuing Care**: Agencies/programs shall:
	  o Conduct an assessment prior to discharge to address and plan for the client's continuing care needs.
	  o Design a written plan with the client to meet those needs.
	  o Make and document appropriate referrals as part of the continuing care plan.
	  o Remain available to the client as a resource for support and encouragement for at least one year following discharge.